

Skill Based Pay Program
Division __ Roadside Environmental Unit



Skill Block Cover Sheet

Employee: _____ SSN: _____
Skill Block: _____
Level: _____
Skill/Equipment: _____

Test Phase

<u>Date(s) Taken</u>	<u>Result (Check)</u>	<u>Score</u>
1 st Date: _____	Pass ____ Fail ____ N/A ____	_____
2 nd Date: _____	Pass ____ Fail ____	_____
3 rd Date: _____	Pass ____ Fail ____	_____

Training Phase

Training/Course (if applicable): _____
(Attach certificate to back of form)

OJT Phase - Assigned To: _____
(OJT Instructor)

Date Training Began: _____ Date Training Completed: _____

The employee has satisfactorily demonstrated all of the competencies associated with this skill block.

_____	_____
Date	OJT Instructor
_____	_____
Date	Supervisor

Certification Phase

	Yes (✓)	No (✓)	N/A (✓)
Test Passed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competencies Demonstrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Constraints Satisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SBP Certificate Sent to Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

_____	_____
Date	SBP Coordinator
_____	_____
Date	Division Roadside Engineer

Compensation Phase

***PO-105 Transmitted to Raleigh.
PD-105-SBP and Skill Block Cover Sheet Filed in Division***

_____	_____
Date	Division Office